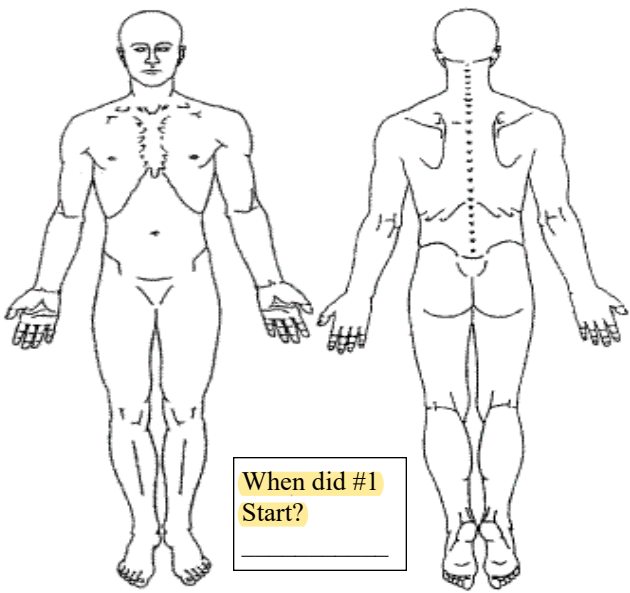


Name: _____ Date: _____ NPE / NCE / PE

Mark the figure below with your top 3 complaints and circle up to 3 words that best describe each complaint.

#1: Worst Complaint: Dull Sharp Aching Shooting Spasm Throbbing Burning Numb Tingle
 #2: Next Worst Complaint: Dull Sharp Aching Shooting Spasm Throbbing Burning Numb Tingle
 #3: Third Worst Complaint: Dull Sharp Aching Shooting Spasm Throbbing Burning Numb Tingle



For each complaint answer the following questions with a pain score of 0 through 10 where 10 equals the worst possible pain and 0 is no pain. Circle the number that is closest to how you are feeling.

#1 Right Now: 0 1 2 3 4 5 6 7 8 9 10
 #1 Average: 0 1 2 3 4 5 6 7 8 9 10
 #1 At Its Best: 0 1 2 3 4 5 6 7 8 9 10
 #1 At Its Worst: 0 1 2 3 4 5 6 7 8 9 10
 #2 Right Now: 0 1 2 3 4 5 6 7 8 9 10
 #2 Average: 0 1 2 3 4 5 6 7 8 9 10
 #2 At Its Best: 0 1 2 3 4 5 6 7 8 9 10
 #2 At Its Worst: 0 1 2 3 4 5 6 7 8 9 10
 #3 Right Now: 0 1 2 3 4 5 6 7 8 9 10
 #3 Average: 0 1 2 3 4 5 6 7 8 9 10
 #3 At Its Best: 0 1 2 3 4 5 6 7 8 9 10
 #3 At Its Worst: 0 1 2 3 4 5 6 7 8 9 10

Circle the word(s) that best describe your worst condition right now.

	0 None	1 Mild	2 Moderate	3 Severe	4 Worst Possible
Pain Intensity:					
Sleeping:	Perfect Sleep	Mildly Disturbed	Moderately Disturbed	Greatly Disturbed	Can't Sleep
Personal Care (washing, dressing, etc)	No pain No Restrictions	Mild pain No Restrictions	Moderate Pain Need to go Slowly	Moderate Pain Need Assistance	Severe Pain Need 100% Assistance
Travel (driving, etc.)	No Pain on Long Trips	Mild Pain on Long Trips	Moderate Pain on Long Trips	Moderate Pain on Short Trips	Severe Pain on Short Trips
Work	Can do usual work Plus unlimited extra work	Can do usual work no extra work	Can do 50% of usual work	Can do 25% of usual work	Cannot Work
Recreation	Can do all Activities	Can do most Activities	Can do some Activities	Can do a few Activities	Cannot do any Activities
Pain Frequency	No Pain	Occasional pain 25% of the day	Intermittent pain 50% of the day	Frequent pain 75% of the day	Constant pain 100% of the day
Lifting	No pain with Heavy Lifting	Increased pain with Heavy Lifting	Increased pain with Moderate Lifting	Increased pain with light Weight	Increased Pain with any Weight
Walking	No pain any Distance	Increased pain after 1 mile	Increased pain after 1/2 mile	Increased pain after 1/4 mile	Increased pain with all walking
Standing	No pain after Several hours	Increased pain after Several hours	Increased pain after 1 hour	Increased pain after 1/2 hour	Increased pain with any walking